

RESERVATION FORM

Library
Hawaii Occupational Safety & Health Division
830 Punchbowl Street, Room 425
Honolulu, HI 96813

Fax: 808-586-9104

A-V Library: <http://hawaii.gov/labor/hiosh/> [click on Audio-Visual Library]

Name	Phone: <input type="checkbox"/> <i>new number?</i>
Business Name:	Fax:
Mailing Address: <input type="checkbox"/> <i>new address?</i>	Email: (required)

DVD/Video #	Program Title	Do You Want Accompanying Printed Materials? (Yes or No)	Show Date(s)	Alternate Date(s)

ALTERNATE TITLE(S)	
DVD/Video #	Program Title

CONFIRMATION: IF YOU DO NOT RECEIVE A CONFIRMATION OF YOUR RESERVATION, PLEASE CONTACT US AS SOON AS POSSIBLE.

REMINDERS FOR NEIGHBOR ISLAND BORROWERS:

1. Please make your reservations as far in advance to allow enough time for mailing & showing.
2. Please return your programs with sufficient time to meet the due date indicated.

<p align="center">LIBRARY USE ONLY: Record of Reservation Confirmation</p> <p>Staff Name:</p> <p>Date:</p> <p>Person Contacted:</p> <p>Method of Confirmation (Fax, Phone, Email, Mail):</p>
